

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		8	11-200
FORMALITY REVIEW	BZ	577	12-1100
RESPONSE FORMALITY REVIEW	11.4-	675	04-13-01

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-Action  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
1	5/14/04
2	5/21/04
3	5/21/04
4	5/21/04
5	5/21/04
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50	5/21/04

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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